

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107560350**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		(1)		1		
6		2		1		
7		2		1		
8		(1)		1		
9		(1)		1		
10	1	(1)		1		
11	1		1			
12		1		1		
13		1		1		
14		3		1		
15		(1)		1		
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TOTAL IND.	2		2			
TOTAL DEP.	20		14			
TOTAL CLAIMS	22		16			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						